



Arizona Department of Education
Tom Horne, Superintendent of Public Instruction

CHILD & ADULT CARE FOOD PROGRAM

MEDICAL STATEMENT FOR PARTICIPANTS REQUIRING FOOD SUBSTITUTIONS

| | |
|-----------------------------|------------------------------------|
| Name of Participant: | Date of Birth: |
| Name of Center: | Telephone Number of Center: |
| Address of Center: | |

Dear Participant:

This day care center participates in the Child and Adult Care Food Program (CACFP) and must serve meals and snacks meeting the CACFP requirements. Food substitutions may be made only when supported by a recognized medical authority. A recognized medical authority may include, but is not limited to medical physician, registered nurse, or registered dietitian. The recognized medical authority must specify, in writing, the food to be omitted from the participant's diet and the food or choice of foods that may be substituted. Please ask a medical authority to complete and sign this form. Return the completed form to your center.

| List the foods to be omitted from the diet and foods that may be substituted | | |
|--|-----------------------|---|
| Foods to be omitted | Allowed Substitutions | Additional Requirements (ie. special equipment, texture, thickness, etc.) |
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| List any additional instructions or requirements | | |

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| I certify that the above participant must be provided a special diet or requires special accommodations as indicated above. | |
| Printed Name | Title |
| Signature | Date |